## GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT ON DISABILITY SERVICES

**PCR Results Web Posting** 

| rck Results Web Fosting    |   |  |  |  |  |
|----------------------------|---|--|--|--|--|
| Provider Organization      | Carl's Place                                |  |  |  |  |
| Contact Person(s)          | Karen Hutchison                             |  |  |  |  |
| Phone Number               | 2022863590                                  |  |  |  |  |
| Email Address(s)           | carlesplace1523@yahoo.com                   |  |  |  |  |
| Provider Services Reviewed | Residential Habilitation, Supported Living, |  |  |  |  |
| Location(s) Reviewed       |   |  |  |  |  |
|                            |   |  |  |  |  |
| # Individuals Reviewed by  | Residential Habilitation - 2                |  |  |  |  |
| Service                    | Supported Living - 1                        |  |  |  |  |
| Annual PCR dates           | 07/09/2013 - 07/11/2013                     |  |  |  |  |
| F/U Review Date(s)         | 09/03/2013                                  |  |  |  |  |
| Annual Report Date         | 07/24/2013                                  |  |  |  |  |
| F/U Report Date            | 09/10/2013                                  |  |  |  |  |
|                            |   |  |  |  |  |

The overall results on initial review were:

| Service                     | Person<br>Centered |     | Organization<br>Score | %   | Rating      | Satisfaction<br>Score | %    |
|-----------------------------|--------------------|-----|-----------------------|-----|-------------|-----------------------|------|
|                             | Domains            |     |                       |     |             |                       |      |
|                             | Score              |     |                       |     |             |                       |      |
|                             | # Yes/Total        |     | # Yes/Total           |     |             | # Yes/Total           |      |
| Residential                 | 118/127            | 93  | 30/34                 | 88% | Needs       | 20/20                 | 100% |
| Habilitation                |                    | %   |                       |     | Improvement |                       |      |
| All Mandatory               | 23/25              | 92  | 12/13                 | 92% |             |                       |      |
| Indicators                  |                    | %   |                       |     |             |                       |      |
| Supported Living            | 48/54              |     | 89%30/34              | 88% | Needs       | 10/10                 | 100% |
|                             |                    |     |                       |     | Improvement |                       |      |
| All Mandatory<br>Indicators | 8/10               | 80% | 12/13                 | 92% |             |                       |      |

## The overall results on follow up review were:

| Service                     | Person<br>Centered<br>Domains<br>Score | %    | Organization<br>Score | %    |              | Satisfaction<br>Score | %     |      |
|-----------------------------|--|------|-----------------------|------|--------------|-----------------------|-------|------|
|                             | # Yes/Total                            |      | # Yes/Total           |      |              | # Yes/Total           |       |      |
| Residential<br>Habilitation | 127/127                                | 100% | 34/34                 | 100% | Satisfactory | 20/20                 | 20/20 | 100% |
| All Mandatory<br>Indicators | 25/25                                  | 100% | 13/13                 | 100% |              |                       |       |      |
| Supported Living            | 54/54                                  | 100% | 34/34                 | 100% | Satisfactory | 10/10                 | 10/10 | 100% |
| All Mandatory<br>Indicators | 10/10                                  |      | 100%13/13             | 100% |              |                       |       |      |

## Certification issued/dates/services

| Waiver Service           | <b>Certification Dates</b> | <b>Certification Type</b> |
|--------------------------|----------------------------|---------------------------|
| Residential Habilitation | 07/09/2013 - 07/09/2014    | Annual                    |
| Supported Living         | 07/09/2013 - 07/09/2014    | Annual                    |